

COVERAGE REVIEW PROGRAM

The **Coverage Review Program** is designed to keep up with changes in the prescription marketplace to ensure plan participants are receiving prescription medications that result in appropriate, cost-effective care. If you are taking any drugs that are subject to coverage review or copay review, or that require a prior authorization, Express Scripts will need to review additional information from your doctor before a decision can be made, if they can fill the prescription medication under your plan.

The coverage review is the **Initial Determination** based on plan rules and FDA-approved prescribing and safety information, clinical guidelines, and ACA guides (Affordable Care Act). The coverage review process may be necessary:

- When the medication is not on the formulary or covered under your plan, or
- When certain medications are used to treat multiple conditions, or
- When the dosage for medications being prescribed **exceeds** the FDA (and formulary) limits.

How the Coverage Review Process Works:

You, your doctor or the pharmacist can initiate a coverage review by calling Express Scripts Coverage Review Prior Authorization Department, toll-free at 1-800-753-2851. In order to begin the coverage review process, please have available your prescribing doctor's name and fax number. Express Scripts is open 24/7.

- If you use Express Scripts Home Delivery (mail order), Express Scripts will call your doctor to start the coverage review prior authorization process for you.
- The coverage review prior authorization process normally takes two business days to complete upon receipt of all the necessary information from your prescribing doctor.
- Upon completion of the coverage review, Express Scripts will send you and your prescribing doctor a letter confirming whether the prior authorization was approved or denied.
 - If the prior authorization is approved, an approval timeframe is given for each medication depending on the medication. An approval letter will be mailed to you. This letter will reference the date the prior authorization is approved and the date the prior authorization will expire. Once that approval expires, you will need to initiate the coverage review process again.
 - If the prior authorization is denied, you and your prescribing doctor will receive a letter explaining the details of the denial and information with your rights to submit a First-Level Standard Appeal.
- Information that defines each level of the appeals process is included on page 2 of this document.

About Reviews and Appeals Management

Definitions for levels of review and appeals

Initial Determination: First review based on the plan's conditions of coverage

- For example, prior authorization, administrative review, etc.

First-Level Standard Appeal: Review of an initial denial, and any additional information provided and/or available, to determine if the patient's use of the drug meets the plan's intent for coverage.

Second-Level Standard Appeal: Review of the first level appeal denial, and any additional information provided and/or available, to determine if the patient's use of the drug meets the plan's intent for coverage.

- Decision is final and binding.

Urgent Appeal: Based on the claimant's medical circumstance.

- Serious jeopardy to the life or health of the claimant, or ability to regain maximum function exists.
- Claimant may be subject to severe pain not adequately managed without the medication that is the subject of the claim.
 - Decision is final and binding.
 - Applies to First of Second Level Appeals.

To appeal the outcome, the prescribing doctor would need to write a letter to the Coverage Appeals Department including, Patient's name, Address, DOB, patients ESI ID which is located on the ESI prescription card, group number, the name of their employer (State of Delaware) Drug name, Drug Strength, and Drug Quantity. Please note the appeal process may take 30 days to complete from the time Express Scripts has all the necessary information from the prescribing doctor.

Your prescribing doctor may send all documentations to:

**Express Scripts
ATTN: Coverage Appeals Department
PO Box 66588
St. Louis, MO 63166-6588**

Note: All drugs listed are subject to change. If you have specific questions about the drugs and categories, please contact Express Scripts at 1-800-939-2142.